

GRADs Application

Section 1: Check the proper Boxes for your Application:						For DMV Use Only				
Check one box: Would you like for the DMV to share your personal information? Yes No Learner's Permit Provisional License Full Driver's License with Conditions <input type="checkbox"/> Registering for Selective Services						Approval	Date	Examiner		
						Proof of Residency				
						Written				
						Vision				
						Parent Consent				
Check one box: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Duplicate						Birth Certificate				
If this is a renewal or duplicate are you filing a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, must provide proof of the change.)						SSN				
If yes, do you want the new address to be used for voting purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No						Restrictions				
						Classification				
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (for voter registration only)						Do you wish to be an organ/tissue donor? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Section 2: New Driver - fill in this section completely print with ball point pen										
Name (Last)			(First)			(Middle)				
Current Address			Apt No	City		State		Zip Code		
Mailing Address – If different from above			Apt. No.	City		State		Zip Code		
Date of Birth (MM/DD/YY)	Sex Male Female	Weight	Height (Ft./In.)		Color of Eyes		Social Security Number			
Section 3: Parent/Guardian – fill in this section completely with ball point pen. Needed for Parental Notification.										
Name (Last)			(First)			(Middle)				
						Social Security Number				
Section 4: Change of Name Applicant Only										
Previously Recorded name of Applicant						Court Number if applicable				
Section 5: Check Yes or No for the following Questions										
Has your permit, provisional license or privilege to drive ever been suspended, revoked, or refused in District of Columbia or elsewhere?				Yes	No	If yes, where?				
Has it been restored?				Yes	No	If yes, give date:				
Do you have in your possession a valid operator's permit?				Yes	No	If yes, where was it issued?				
Do you have good natural eyesight for driving?				Yes	No	If no, do you wear glasses or contacts				
Section 6: Check Yes or No for the following questions										
Have you ever had, been treated for any of the following?										
Stroke or Paralysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mental Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Glaucoma, Cataracts or other eye disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Poor muscle control or dizzy spells	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Loss of function in an extremity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any brain disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any heart disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizure Disorder or Fainting spells	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Alcoholism or drug abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you any physical impairment not mentioned above, either temporary or permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Section 7: Applicant's Certification										
I certify by my signature under penalties of perjury, the information given in this application is true to the best of my knowledge and belief.										
Signature:				Date:						
To Register to Vote in the District of Columbia Complete and Sign Form Below										
You may use this form below to file a change of name, address, or party with the Board of Elections.				For BOEE Use Only						
				Reg No.		Date of Reg		Clerk		
Section 8: Choosing your Party (Check one Box)				Section 10: Voter Declaration – Read and Sign Below						
Democratic Party		Please Note: To vote in a Primary election in the District of Columbia, you must be registered with either the Democratic, Republican, DC Statehood Green or Umoja Party.								
Republican Party										
DC Statehood Green Party										
Umoja Party										
No Party										
Other Party _____		I swear or affirm that: I am a US citizen I live in the District of Columbia at the address above I will be at least 18 years old on or before the next election I am not in jail on a felony conviction I have not been judged mentally incompetent in a court of law I do not claim the right to vote anywhere outside of DC								
Section 9: Name and Address on Last Voter Registration										
Name:										
Address:										
				Signature: _____ Date: _____						
				Daytime Telephone: (optional)						
				WARNING: If you sign this statement even though you know it is untrue, you can be convicted and fined up to \$10,000 and/or jailed for up to five years.						

